



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2015 MAR 19 P 2:39
Application to Renew Flammables License

MLM CORP.
541 BROADWAY
SOMERVILLE MA 02145

CITY CLERK'S OFFICE
SOMERVILLE, MA

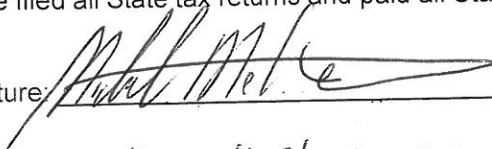
License #: BL15-000504
File #: 15-398
Fee: 550

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: MLM CORP. Business Location: 541 BROADWAY Business Phone: 781-396-0265	TRUM FIELD SUNOCO
License Holder: MLM CORP. 541 BROADWAY SOMERVILLE MA 02145	
Mailing Address: MLM CORP. 541 BROADWAY SOMERVILLE MA 02145	
Business Type: Corporation MICHEL MELHEM MICHEL MELHEM MICHEL MELHEM	
FID: 043395061	
Emergency Contact: MICHEL MELHEM Phone: 617-240-5757	
# of Gallons of Flammables to be Stored: 24100 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature:  Date: 3/19/15
Printed Name: MICHEL MELHEM Phone: 3/19/15



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: MLM CORP.

Address of taxpayer/applicant's business in Somerville: 541 BROADWAY

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 781-396-6265 evening: 617-240-5757

I, (print name) Michel Melhew of MLM Corp., the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 19 day of

MARCH, 2015. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3-19-15 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

2215 # 201028001 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



UBanaw
3-19-15

*The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111*

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: MLM CORPORATION
Address: 541 BROADWAY
City: SOMERVILLE State: MA Zip: 02145 Phone #: 781-396-0265

- ☒ I am an employer with 5 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Gas station / Repair shop

Workers' compensation insurance information (if applicable):

Insurance Company Name: COVE RISK SERVICES, LLC
Address: P.O. BOX 859222-9222
City: Braintree State: MA Zip: 02185 Phone #: 800-790-8877
Policy #: 014005032357115 Expiration Date: Jan. 1, 2016

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 3/19/15
Print Name: MICHEL MELHEM

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____